

# CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1								51					
2								52					
3								53					
4								54					
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45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
Total								Total					
Indep								Indep					
Total								Total					
Depend								Depend					
Total								Total					
Claims								Claims					